benefits, if the majority of patients use the text message service there is a case for making it the default results service.

This utilisation of relatively new technology has enhanced our ability to communicate with our patients. The majority of our patients own a mobile phone. If, however, a patient does not have a mobile phone then they are able to return to or telephone a clinic less encumbered by traditional methods of results provision. Some patient groups, which may be both more at risk of STI and more receptive to the use of mobile phone technology, include young people, migrants and refugees, and those from poorer socioeconomic groups (with increasing ownership of mobile phones in preference to conventional land lines). The text message results service facilitates the communication of relevant information to patients in a timely manner having a positive impact on individual and public health. The introduction of this service has resulted in improved patient care and a significant saving in staff time.

#### **ACKNOWLEDGEMENTS**

We would like to thank the staff of the John Hunter Clinic for their work in the introduction of the text message service and Mike Unger from Mikkom for his help in setting up and developing the service.

#### **CONTRIBUTORS**

FMcN sent the text messages, and collected data on patient response times; ASM-J and AS initiated the text message result service in the John Hunter Clinic, analysed the data, and wrote the manuscript; SM assisted in the design and provided statistical analysis of these results; all authors reviewed the paper and gave final approval of this version.

### Authors' affiliations

A S Menon-Johansson, F McNaught, S Mandalia, A K Sullivan, John Hunter Clinic, St Stephen's Centre, Chelsea and Westminster Hospital, 369 Fulham Road, London SW10 9NH, UK

Conflict of interest: none declared.

#### REFERENCES

- 1 Menon-Johansson AS, Kingston A, Sullivan AK. Putting sexual health in context. British Association of Sexual Health and HIV, Prize winning Junior Doctor presentation, Royal Society of Medicine, 21 February, 2004.
- 2 Menon-Johansson AS, Hawkins DA, Mandalia S, et al. Failure to maintain patient access to GUM clinics. Sex Transm Infect 2004;80:76–7.
- 3 Griffiths V, Ahmed-Jushuf I, Cassell JA. Understanding access to genitourinary medicine services. Int J STD AIDS 2004;15:587–9.
- 4 Aral SA, Roegner R. Mathematical modelling as a tool in STD prevention and control. Sex Transm Dis 2000;27:556–7.
- 5 Short Message Service. Wikipedia—the free encyclopaedia. (en.wikipedia. org/wiki/Text\_message).
- Neville R, Greene A, McLeod J, et al. Mobile phone text messaging can help young people manage asthma. BMJ 2002;325:600.
- 7 Vilella A, Bayas JM, Diaz MT, et al. The role of mobile phones in improving vaccination rates in travellers. Prev Med 2004;38:503-9.
- 8 'Safer sex' Text messaging service. BBC News 10 November 2004. (www.informatics.nhs.uk/cgi-bin/item.cgi?id = 985).
- 9 Foo C, Browne R, Boag F. Retrospective review of the correlation of symptoms, signs and microscopy with the diagnosis of Chlamydia trachomatis in men. Int J STD AIDS 2004;15:319–21.

# bmjupdates+

bmjupdates+ is a unique and free alerting service, designed to keep you up to date with the medical literature that is truly important to your practice.

bmjupdates+ will alert you to important new research and will provide you with the best new evidence concerning important advances in health care, tailored to your medical interests and time demands.

## Where does the information come from?

bmjupdates+ applies an expert critical appraisal filter to over 100 top medical journals A panel of over 2000 physicians find the few 'must read' studies for each area of clinical interest

Sign up to receive your tailored email alerts, searching access and more...

www.bmjupdates.com